Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01
Project Name/Number: LRMIC - AR 2008-07-01/

Filing at a Glance

Company: Louisiana Retailers Mutual Insurance Company

Product Name: LRMIC - AR 2008-07-01 SERFF Tr Num: SMCG-125652937 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #106230 \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: 08-WC-AR-0448 State Status: Fees verified and

received

Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler, Brittany Yielding

Author: Liz McCarty Disposition Date: 05/21/2008

Date Submitted: 05/19/2008 Disposition Status: Approved

Effective Date Requested (New): 07/01/2008 Effective Date (New): 07/01/2008

State Filing Description:

General Information

Project Name: LRMIC - AR 2008-07-01 Status of Filing in Domicile: Not Filed

Project Number: Domicile Status Comments: n/a
Reference Organization: NCCI Reference Number: AR-2008-06

Reference Title: Advisory Org. Circular:

Filing Status Changed: 05/21/2008

State Status Changed: 05/20/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to adopt the recently approved National Council on Compensation Insurance (NCCI) loss costs and miscellaneous values effective July 1, 2008.

Company and Contact

Filing Contact Information

(This filing was made by a third party - summitconsultinginc)

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01
Project Name/Number: LRMIC - AR 2008-07-01/

Brad Ritter, Vice President & Chief Actuary brad.ritter@summitholdings.com

P.O. Box 988 (863) 665-6060 [Phone] Lakeland, FL 33802-0988 (863) 667-7218[FAX]

Filing Company Information

Louisiana Retailers Mutual Insurance Company CoCode: 10718 State of Domicile: Louisiana

9489 Interline Avenue Group Code: Company Type: Property &

Casualty

Baton Rouge, LA 70809 Group Name: State ID Number:

(225) 926-3264 ext. [Phone] FEIN Number: 59-2009824

SERFF Tracking Number: SMCG-125652937 State: Arkansas #106230 \$50

Filing Company: Louisiana Retailers Mutual Insurance Company State Tracking Number:

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

LRMIC - AR 2008-07-01 Product Name: Project Name/Number: LRMIC - AR 2008-07-01/

Filing Fees

Fee Required? Yes Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50 per adoption filing

Per Company: No

CHECK NUMBER CHECK AMOUNT CHECK DATE 106230 \$50.00 04/25/2008

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01
Project Name/Number: LRMIC - AR 2008-07-01/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/21/2008	05/21/2008
Approved	Carol Stiffler	05/20/2008	05/20/2008

Objection Letters and Response Letters

Objection	Letters			Response Letters				
Status	Created By Created On Date Submitted		Responded By	Created On	Date Submitted			
Pending	Carol Stiffler	05/20/2008	05/20/2008	Liz McCarty	05/20/2008	05/20/2008		
Industry								
Response								

SERFF Tracking Number: SMCG-125652937 State: Arkansas

Filing Company: Louisiana Retailers Mutual Insurance Company State Tracking Number: #106230 \$50

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01
Project Name/Number: LRMIC - AR 2008-07-01/

Disposition

Disposition Date: 05/21/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Louisiana Retailers Mutual Insurance Company	-12.600%	\$0	0	\$0	-12.600%	-12.600%	-12.600%

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01
Project Name/Number: LRMIC - AR 2008-07-01/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property	&Approved	Yes
	Casualty		
Supporting Document	NAIC Loss Cost Filing Document for	Approved	Yes
	Workers' Compensation		
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	RF-WC - Loss Costs Reference Filing	Approved	Yes
	Adoption Form		
Supporting Document	AR RF-WC - Prior Filing - 07-WC-AR-	Approved	Yes
	0406		
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Rate	Manual Rate Pages	Approved	Yes

SERFF Tracking Number: SMCG-125652937 State: Arkansas

Filing Company: Louisiana Retailers Mutual Insurance Company State Tracking Number: #106230 \$50

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01
Project Name/Number: LRMIC - AR 2008-07-01/

Disposition

Disposition Date: 05/20/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate	Written Premium	# of Policy	Premium:	Maximum %	Minimum %	Overall %
	Impact:	Change for this	Holders		Change (where	Change (where	Indicated
		Program:	Affected for		required):	required):	Change:
			this				
			Program:				
Louisiana Retailers	-12.600%	\$0	0	\$0	-12.600%	-12.600%	-12.600%
Mutual Insurance							
Company							

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01
Project Name/Number: LRMIC - AR 2008-07-01/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property	&Approved	Yes
	Casualty		
Supporting Document	NAIC Loss Cost Filing Document for	Approved	Yes
	Workers' Compensation		
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	RF-WC - Loss Costs Reference Filing	Approved	Yes
	Adoption Form		
Supporting Document	AR RF-WC - Prior Filing - 07-WC-AR-	Approved	Yes
	0406		
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Rate	Manual Rate Pages	Approved	Yes

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01
Project Name/Number: LRMIC - AR 2008-07-01/

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/20/2008 Submitted Date 05/20/2008

Respond By Date Dear Brad Ritter,

This filing was accidentally closed before it was finished.

The filing adopts Circular AR-2008-06 but does not state the Item Filing number which is often different than the Circular number. The Item Filing number is the unique number that identifies the filing. We do not see the circulars. Several circulars can refer to the same Item Filing. One circular can refer to many item filings. The item filing # is the unique number for the filing. The Item Filing number can be found in the body of the circular. The Item Filing number for the 7/1/08 loss costs is AR-2008-02. Please confirm that is the Item Filing you are adopting.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 05/20/2008 Submitted Date 05/20/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Carol -

This is to confirm that it is our intent to adopt the Item #AR-2008-02. I apologize for the typo in our original submission.

If you need any further information, please do not hesitate to contact me.

Changed Items:

SERFF Tracking Number: SMCG-125652937 State: Arkansas

Filing Company: Louisiana Retailers Mutual Insurance Company State Tracking Number: #106230 \$50

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01

Project Name/Number: LRMIC - AR 2008-07-01/

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely, Liz McCarty SERFF Tracking Number: SMCG-125652937 State: Arkansas

Filing Company: Louisiana Retailers Mutual Insurance Company State Tracking Number: #106230 \$50

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01
Project Name/Number: LRMIC - AR 2008-07-01/

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval

Rate Change Type: Decrease

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision: 01/17/2008

Filing Method of Last Filing: Prior Approval

Company Rate Information

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Premium:	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders		Change (where	Change (where
	Change:		Change for	Affected for this		required):	required):
			this	Program:			
			Program:				
Louisiana Retailers	-12.600%	-12.600%	\$0	0	\$0	-12.600%	-12.600%
Mutual Insurance							

Company

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01
Project Name/Number: LRMIC - AR 2008-07-01/

Rate/Rule Schedule

Review Status: Exhibit Name: Rule # or Page Rate Action Previous State Filing Attachments
#: Number:

Approved Manual Rate Pages Replacement 07-WC-AR-0406 LRMIC-AR Filing

2008-07-01.pdf

		Minimum			Minimum			Minimum
<u>Code</u>	Rate	Premium	<u>Code</u>	Rate	Premium	<u>Code</u>	Rate	Premium
0005	5.34	750	1747	2.17	453	2402	1.79	402
8000	2.17	453	1748	6.20	750	2413	1.40	349
0016	4.68	750	1803D	4.46	750	2416	1.39	348
0034	3.59	645	1852D	2.06	438	2417	1.31	337
0035	2.15	450	1853	1.93	421	2501	1.13	313
0036	3.41	620	1860	1.62	379	2503	1.11	310
0037	3.85	680	1924	3.52	635	2534	1.79	402
0042	5.31	750	1925	2.43	488	2570	4.11	715
0050	4.32	743	2001	1.98	427	2585	2.57	507
0059D	0.25	0	2002	2.49	496	2586	1.10	309
0065D	0.04	0	2003	2.81	539	2587	2.41	485
0066D	0.04	0	2014	5.28	750	2589	1.20	322
0067D	0.04	0	2016	1.65	383	2600	5.31	750
0079	3.52	635	2021	2.76	533	2623	2.34	476
0083	8.11	750	2039	3.70	660	2651	2.19	456
0106	9.49	750	2041	3.55	639	2660	1.21	323
0113	4.76	750	2065	1.33	340	2670	1.91	418
0170	2.05	437	2070	4.54	750	2683	1.64	381
0251	4.19	726	2081	3.20	592	2688	2.53	502
0400	6.71	750	2089	2.10	444	2701	6.15	750
0401	9.16	750	2095	2.27	466	2702	25.07	750
0771N	0.25	0	2105	2.02	433	2710	7.30	750
0908P	118.00	278	2110	1.77	399	2714	3.47	628
0913P	292.00	452	2111	2.09	442	2719	9.20	750
0917	3.26	600	2112	2.26	465	2731	3.08	576 450
1005	9.17	750	2114	2.23	461	2735	2.16	452
1016	34.22	750	2121	1.86	411	2759	7.03	750
1164E	5.93 3.91	750	2130 2131	2.32	473	2790	1.29 4.37	334
1165E 1320	2.43	688 488	2131	1.57 1.82	372 406	2802 2812	3.07	750 574
1320	13.06	750	2143	3.37	615	2835	1.33	340
1430	3.60	646	2172	1.31	337	2836	1.87	412
1438	2.02	433	2174	2.43	488	2841	3.09	577
1452	1.40	349	2211	4.55	750	2881	2.09	442
1463	9.68	750	2220	1.62	379	2883	3.40	619
1472	3.37	615	2286	1.18	319	2913	3.40	619
1624E	6.31	750	2288	3.36	614	2915	3.53	637
1642	3.40	619	2300	1.77	399	2916	1.94	422
1654	5.21	750	2302	1.42	352	2923	1.99	429
1655	4.11	715	2305	1.77	399	2942	1.95	423
1699	1.66	384	2361	1.00	295	2960	2.68	522
1701	2.57	507	2362	1.46	357	3004	2.28	468
1710E	5.09	750	2380	3.75	666	3018	2.13	448
1741E	1.54	368	2386	0.94	287	3022	2.64	516
1745	2.49	496	2388	1.60	376	3027	2.23	461

		Minimum			Minimum			Minimum
<u>Code</u>	Rate	<u>Premium</u>	<u>Code</u>	<u>Rate</u>	<u>Premium</u>	<u>Code</u>	<u>Rate</u>	<u>Premium</u>
3028	1.93	421	3373	2.41	485	4061	3.52	635
3030	3.34	611	3383	0.89	280	4062	1.91	418
3040	3.09	577	3385	0.73	259	4101	1.66	384
3041	2.76	533	3400	2.26	465	4111	2.54	503
3042	2.64	516	3507	2.57	507	4112	0.78	265
3064	3.82	676	3515	1.82	406	4113	1.10	309
3069	6.56	750	3548	1.13	313	4114	1.84	408
3076	2.46	492	3559	2.16	452	4130	3.78	670
3081D	2.39	483	3574	0.94	287	4131	2.02	433
3082D	3.23	596	3581	1.20	322	4133	1.99	429
3085D	2.70	525	3612	1.83	407	4150	1.39	348
3110	2.37	480	3620	4.83	750	4206	3.05	572
3111	2.48	495	3629	1.62	379	4207	0.84	273
3113	1.95	423	3632	3.33	610	4239	1.06	303
3114	2.17	453	3634	1.42	352	4240	2.05	437
3118	1.00	295	3635	1.72	392	4243	1.39	348
3119	0.91	283	3638	1.22	325	4244	2.46	492
3122	1.25	329	3642	0.70	255	4250	1.24	327
3126	1.43	353	3643	2.46	492	4251	1.47	358
3131	0.87	277	3647	2.79	537	4263	1.83	407
3132	2.05	437	3648	1.79	402	4273	1.60	376
3145	1.98	427	3681	1.29	334	4279	1.50	363
3146	2.28	468	3685	1.49	361	4282	1.76	398
3169	2.04	435	3719	2.17	453	4283	1.64	381
3175D	2.37	480	3724	5.65	750	4299	1.46	357
3179	1.99	429	3726	2.52	500	4304	2.30	471
3180	1.49	361	3803	1.58	373	4307	1.83	407
3188	1.27	331	3807	1.75	396	4351	0.95	288
3220	1.57	372	3808	2.28	468	4352	0.84	273
3223	2.49	496	3821	3.44	624	4360	0.76	263
3224	2.04	435	3822	3.01	566	4361	1.10	309
3227	1.51	364	3824	4.03	704	4362	0.96	290
3240	2.52	500	3826	0.73	259	4410	2.67 3.22	520 505
3241	2.34	476	3827	1.31	337	4420		595
3255	1.94	422	3830	0.94	287	4431	1.24	327
3257	2.83	542	3851	2.20	457	4432	1.33	340
3270	2.68	522 661	3865 3881	1.06	303 556	4439	1.40	349
3300	3.71 3.18	589	4000	2.93 6.01	750	4452 4459	2.71	526 369
3303		537	4000	4.92	750 750	4459	1.55 1.98	369 427
3307	2.79		4021 4024E					
3315 3334	2.19 1.77	456 399	4024E 4034	1.84 5.78	408 750	4484 4493	1.73 2.10	394 444
333 4 3336	1.77	399 407	4034	2.09	442	4493 4511	0.62	244 244
3365	8.50	750	4038	1.80	403	4557	1.42	352
3372	2.37	480	4053	2.86	546	4557 4558	1.42	346
JJ1 Z	2.31	400	+033	2.00	340	4330	1.30	340

		Minimum			Minimum			Minimum
<u>Code</u>	Rate	Premium	<u>Code</u>	<u>Rate</u>	Premium	<u>Code</u>	Rate	Premium
4561	1.65	383	5223	4.70	750	6252D	5.29	750
4568	2.16	452	5348	3.64	651	6260D	4.68	750
4581	1.44	354	5402	4.04	705	6306	5.03	750
4583	4.41	750	5403	8.36	750	6319	4.91	750
4611	0.80	268	5437	3.96	695	6325	4.10	714
4635	4.11	715	5443	3.59	645	6400	6.15	750
4653	1.07	304	5445	4.50	750	6504	2.12	446
4665	5.57	750	5462	4.74	750	6702M	6.82	750
4670	3.19	591	5472	4.32	743	6703M	12.20	750
4683	4.07	709	5473	5.91	750	6704M	7.58	750
4686	1.06	303	5474	6.49	750	6801F	10.40	750
4692	0.40	214	5478	3.95	693	6811	4.57	750
4693	0.77	264	5479	6.99	750	6824F	29.93	750
4703	2.01	431	5480	7.07	750	6826F	11.48	750
4717	1.49	361	5491	1.83	407	6834	3.23	596
4720	4.35	747	5506	3.30	606	6836	5.27	750
4740	1.28	333	5507	4.96	750	6843F	13.37	750
4741	1.46	357	5508D	8.37	750	6845F	20.28	750
4751	1.24	327	5535	6.56	750	6854	4.57	750
4771N	1.42	385	5537	4.33	745	6872F	17.42	750
4777	1.44	354	5551	12.60	750	6874F	35.64	750
4825	0.74	260	5606	1.50	363	6882	4.57	750
4828	1.39	348	5610	4.91	750	6884	10.31	750 700
4829	1.00	295	5645	10.02	750	7016M	4.06	708
4902	1.11	310	5651	7.44	750	7024M	4.51	750
4923	0.92	284	5703	81.07	750	7038M	5.12	750 750
5020	6.12	750	5705	4.74	750	7046M	22.50	750
5022	4.40	750	5951	0.36	209	7047M	7.26	750 750
5037	17.26	750	6003 6005	8.88	750 750	7050M	9.14	750 750
5040 5057	23.14 16.56	750 750	6005	6.75 3.47	750 628	7090M 7098M	5.68 25.00	750 750
5057	19.66	750	6018	1.88	414	7099M	40.27	750 750
5069	24.83	750	6045	2.19	456	7099W	3.09	577
5102	3.64	651	6204	8.84	750	7151M	3.75	666
5102	4.46	750	6206	5.61	750 750	7151W	6.72	750
5160	3.15	585	6213	7.38	750 750	7153M	4.18	730 724
5183	3.12	581	6214	2.49	496	7133W	8.66	750
5188	3.99	699	6216	5.75	750	7228	6.15	750 750
5190	2.86	546	6217	4.50	750	7229	6.45	750 750
5191	1.65	383	6229	4.46	750	7230	3.63	650
5192	3.56	641	6233	4.85	750	7231	4.81	750
5213	6.28	750	6235	12.91	750	7232	11.36	750 750
5215	3.75	666	6236	10.63	750	7309F	20.27	750 750
5221	4.62	750	6237	2.72	527	7313F	5.75	750 750
5222	10.67	750	6251D	7.08	750	7317F	9.09	750
<i></i>	10.07	7 00	02010	7.00	700	, 5 , , ,	5.05	700

		Minimum			Minimum			Minimum
<u>Code</u>	Rate	Premium	<u>Code</u>	Rate	Premium	<u>Code</u>	Rate	Premium
7327F	26.83	750	8008	1.10	309	8385	2.17	453
7333M	4.87	750	8010	1.71	391	8392	2.71	526
7335M	5.40	750	8013	0.44	219	8393	1.54	368
7337M	8.70	750	8015	0.58	238	8500	5.72	750
7350F	17.49	750	8017	1.06	303	8601	0.74	260
7360	6.27	750	8018	2.27	466	8606	2.52	500
7370	4.43	750	8021	1.68	387	8709F	7.21	750
7380	3.05	572	8031	3.49	631	8719	1.69	388
7382	2.52	500	8032	1.43	353	8720	1.22	325
7390	3.26	600	8033	1.71	391	8721	0.36	209
7394M	9.87	750	8039	1.24	327	8726F	8.26	750
7395M	10.97	750	8044	2.49	496	8734M	0.58	238
7398M	17.68	750	8045	0.37	210	8737M	0.52	230
7403	2.61	512	8046	2.41	485	8738M	0.92	284
7405N	1.03	373	8047	0.96	290	8742	0.43	218
7420	22.63	750	8058	2.48	495	8745	4.13	718
7421	2.39	483	8072	0.73	259	8748	0.37	210
7422	2.02	433	8102	2.28	468	8755	0.23	191
7425	3.74	665	8103	3.37	615	8799	0.87	277
7431N	1.53	479	8105	4.36	749	8800	0.87	277
7445N	0.55	0	8106	3.45	626	8803	0.07	169
7453N	0.83	0	8107	2.94	557	8805M	0.30	201
7502	2.24	462	8111	3.40	619	8810	0.22	190
7515 7500	0.96	290	8116	3.78	670	8814M	0.26	195
7520 7520	2.04	435	8203	4.96	750	8815M	0.48	225
7538 7530	9.12	750	8204	4.30	741 525	8820	0.19	186
7539	3.91	688	8209	2.70	525 750	8824	2.23	461 417
7540 7580	2.56 1.69	506 388	8215 8227	5.17 2.82	541	8825 8826	1.90 2.01	431
7590 7590	4.68	750	8232	5.68	750	8829	2.42	487
7600	2.35	477	8233	4.62	750 750	8831	2.42	480
7601	10.60	750	8235	3.73	664	8832	0.25	194
7605	2.96	560	8263	8.42	750	8833	0.23	269
7610	0.48	225	8264	3.04	570	8835	1.77	399
7610 7611	4.74	750	8265	8.37	750	8842	1.32	338
7612	10.57	750	8279	8.04	750	8864	1.32	338
7613	4.22	730	8288	5.42	750	8868	0.34	206
7705	2.32	473	8291	1.88	414	8869	0.66	249
7710	5.21	750	8292	2.68	522	8871	0.21	188
7711	5.21	750	8293	6.17	750	8901	0.23	191
7720	2.32	473	8295	6.75	750	9012	1.75	396
7855	5.61	750	8304	6.22	750	9014	2.50	498
8001	2.01	431	8350	5.12	750	9015	2.17	453
8002	2.93	556	8380	3.20	592	9016	5.61	750
8006	1.75	396	8381	1.35	342	9019	2.67	520

		Minimum			Minimum		Minimum
<u>Code</u>	Rate	<u>Premium</u>	<u>Code</u>	<u>Rate</u>	<u>Premium</u>	<u>Code</u>	Rate Premium
9033	1.77	399					
9040	3.18	589					
9052	1.40	349					
9058	1.61	377					
9059	2.49	496					
9060	1.64	381					
9061	1.25	329					
9063	0.89	280					
9077F	3.82	676					
9082	1.44	354					
9083	1.46	357					
9084	1.69	388					
9089	1.03	299					
9093	1.27	331					
9101	2.72	527					
9102	2.63	515					
9154	1.75	396					
9156	1.18	319					
9170	2.50	498					
9178	23.62	750					
9179	32.41	750					
9180	3.34	611					
9182	2.43	488					
9186	48.00	750					
9220	3.07	574					
9402	3.88	684					
9403	5.16	750					
9410	1.58	373					
9501	3.96	695					
9505	3.44	624					
9516	2.93	556					
9519	1.65	383					
9521	4.77	750					
9522	1.42	352					
9534	6.30	750					
9554	6.68	750					
9586	0.59	240					
9600	1.47	358					
9620	1.20	322					
		Б.					
F: T		Rate					
Foreign Terro	orism	0.03					
DTEC		0.01					

Deductible Credits

Production Expense	10.2%
General Expense	10.5%
Taxes, Licenses and Fees	5.4%
P&C including offset for Investment Income	-3.5%
Expense Gradation	6.2%
Total Expenses	28.8%
Expected Loss & LAE Ratio	71.2%
NCCI Loss Elimination Ratio (k)	see below
Safety Factor (f)	0.90
Expected Loss Ratio (E)	71.2%
Variable Expenses (v)	18.3%

Deductible Credit Formula = k * f * E / (1 - v)

Applicable to Total Losses

		NCCI	
		Loss	
Pθ	er Claim	Elimination	Deductible
De	eductible	Ratio*	<u>Credit</u>
\$	1,000	7.1%	5.6%
\$	1,500	8.8%	6.9%
\$	2,000	10.2%	8.0%
\$	2,500	11.5%	9.0%
\$	3,000	12.6%	9.9%
\$	3,500	13.6%	10.7%
\$	4,000	14.6%	11.5%
\$	4,500	15.5%	12.2%
\$	5,000	16.4%	12.9%
\$	10,000	25.4%	19.9%
\$	15,000	31.2%	24.5%
\$	20,000	35.9%	28.1%
\$	25,000	39.8%	31.2%

^{*}Weighted based on Expected Hazard Group Mix of

A - 2.5%, B - 10.3%, C - 22.8%, D - 11.2%, E - 28.9%, F - 23.0%, and G - 1.3%.

Deductible Credits

Production Expense General Expense Taxes, Licenses and Fees P&C including offset for Investment Income Expense Gradation Total Expenses	10.2% 10.5% 5.4% -3.5% 6.2% 28.8%
Expected Loss & LAE Ratio	71.2%
NCCI Loss Elimination Ratio (k) Safety Factor (f) Expected Loss Ratio (E) Variable Expenses (v)	see below 0.90 71.2% 12.1%

Deductible Credit Formula = k * f * E / (1 - v)

Applicable to Indemnity Losses Only

			•
		NCCI	
		Loss	
Pe	r Claim	Elimination	Deductible
<u>De</u>	<u>ductible</u>	Ratio*	<u>Credit</u>
\$	1,000	1.7%	1.2%
\$	1,500	2.4%	1.7%
\$	2,000	3.0%	2.2%
\$	2,500	3.6%	2.6%
\$	3,000	4.1%	3.0%
\$	3,500	4.6%	3.3%
\$	4,000	5.0%	3.7%
\$	4,500	5.5%	4.0%
\$	5,000	5.9%	4.3%

^{*}Weighted based on Expected Hazard Group Mix of

A - 2.5%, B - 10.3%, C - 22.8%, D - 11.2%, E - 28.9%, F - 23.0%, and G - 1.3%.

Deductible Credits

Production Expense General Expense Taxes, Licenses and Fees P&C including offset for Investment Income Expense Gradation	10.2% 10.5% 5.4% -3.5% 6.2%
Total Expenses	28.8%
Expected Loss & LAE Ratio	71.2%
NCCI Loss Elimination Ratio (k) Safety Factor (f)	see below 0.90
Expected Loss Ratio (E)	71.2%
Variable Expenses (v)	12.1%

Deductible Credit Formula = k * f * E / (1 - v)

Applicable to Medical Losses Only

		NCCI	
		Loss	
Pe	r Claim	Elimination	Deductible
<u>De</u>	<u>ductible</u>	Ratio*	<u>Credit</u>
\$	1,000	6.8%	5.0%
\$	1,500	8.4%	6.1%
\$	2,000	9.6%	7.0%
\$	2,500	10.6%	7.7%
\$	3,000	11.5%	8.4%
\$	3,500	12.3%	9.0%
\$	4,000	13.1%	9.5%
\$	4,500	13.7%	10.0%
\$	5,000	14.4%	10.5%

^{*}Weighted based on Expected Hazard Group Mix of

A - 2.5%, B - 10.3%, C - 22.8%, D - 11.2%, E - 28.9%, F - 23.0%, and G - 1.3%.

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01

Project Name/Number: LRMIC - AR 2008-07-01/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-

Property & Casualty

Comments:

Attachment:

08-WC-AR-0448 PC TD-1.pdf

Bypassed -Name: NAIC Loss Cost Filing Document

for Workers' Compensation

Bypass Reason: n/a

Comments:

Bypassed -Name: NAIC loss cost data entry document

Bypass Reason: n/a

Comments:

Satisfied -Name: RF-WC - Loss Costs Reference

Filing Adoption Form

Comments:

Attachment: AR_RF-WC.pdf

Satisfied -Name: AR RF-WC - Prior Filing - 07-WC-

AR-0406

Comments:

Attachment:

08-WC-AR-0448 prior RF-WC.pdf

Review Status:

Approved 05/20/2008

SERFF Tracking Number: SMCG-125652937 State: Arkansas

Filing Company: Louisiana Retailers Mutual Insurance Company State Tracking Number: #106230 \$50

Company Tracking Number: 08-WC-AR-0448

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: LRMIC - AR 2008-07-01
Project Name/Number: LRMIC - AR 2008-07-01/

Review Status:

Satisfied -Name: Filing Memorandum Approved 05/20/2008

Comments: Attachment:

Filing Memorandum-2008-07-01 filing.pdf

Review Status:

Satisfied -Name: Cover Letter Approved 05/20/2008

Comments: Attachment:

08-WC-AR-0448 ltr.pdf

Property & Casualty Transmittal Document

Reset Form

1	1. Reserved for Insurance 2. Ins				surance Department Use only					
Dept. Use Only a. Date				e the filing is received:						
b. Ana				alyst:						
c. Disp				tion:						
		d. Da	te of	disposi	tion of the	filing:				
		e. Eff			of filing:					
				lew Bus						
		f. Sta			Business					
				Filing #	4.					
L		n. Su	bject	Codes						
3.	Group Name						Group NAIC #			
4.	Company Name(s)		Don	nicile	NAIC #	FEIN#	State #			
	Louisiana Retailers Mutual Insura	nce Comp	Loui	siana	10718	59-2009824				
						CONTRACTOR OF STREET				
5.	Company Tracking Number			08-WC-	AR-0448					
_	ntact Info of Filer(s) or Corporate	Officer(s)		clude tol	l-free numb					
_	ntact Info of Filer(s) or Corporate Name and address	Officer(s)		clude tol		er] FAX#	e-mail			
Cor	ntact Info of Filer(s) or Corporate	Officer(s)		Telep	l-free numb hone #s		e-mail brad.ritter@ summitholdings.com			
Cor	ntact Info of Filer(s) or Corporate Name and address Mr. Brad M. Ritter	Officer(s) Title		Telep	l-free numb hone #s	FAX#	brad.ritter@			
Cor	Name and address Mr. Brad M. Ritter Summit Consulting, Inc. P.O. Box 988	Officer(s) Title		Telep	l-free numb hone #s	FAX # 863-667-2738	brad.ritter@			
Cor 6.	Name and address Mr. Brad M. Ritter Summit Consulting, Inc. P.O. Box 988 Lakeland, FL 33802-0988	Title Vice Preside Actuary		Telep	l-free numb shone #s 82-7648	FAX # 863-667-2738	brad.ritter@			
7.	Name and address Mr. Brad M. Ritter Summit Consulting, Inc. P.O. Box 988 Lakeland, FL 33802-0988 Signature of authorized filer	Title Vice Preside Actuary	ent &	Telep 800-2	l-free numb hone #s 82-7648	FAX # 863-667-2738	brad.ritter@			
7. 8. Filli	ntact Info of Filer(s) or Corporate Name and address Mr. Brad M. Ritter Summit Consulting, Inc. P.O. Box 988 Lakeland, FL 33802-0988 Signature of authorized filer Please print name of authorize ng information (see General I	Officer(s) Title Vice Preside Actuary ed filer nstruction	s for 16.	Brad M descrip 0 Worke	l-free numb hone #s 82-7648 . Ritter otions of the	FAX # 863-667-2738 ese fields) sation	brad.ritter@			
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Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking # 08-WC-AR-0448
21.	Eiling Description (This area can be used in lieu of a constitute of filling property)
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
	The purpose of this filing is to adopt the recently aprpoved National Council on Compensation
1	Insurance (NCCI) loss costs and miscellaneous values effective July 1, 2008.
	8
*	
L	
	View Complete Filips Decembring
	View Complete Filing Description
22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	eck #: 106230
Am	nount: 50.00
Defe	to each state's checklist for additional state energific requirements or instructions
	to each state's checklist for additional state specific requirements or instructions on lating fees.
	efer to the each state's checklist for additional state specific requirements (i.e. # of additional copies

PC TD-1 pg 2 of 2

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

		not refer to the					The second secon		wed	by state.)
1.	This fi	ing transmitt	al is part of	Company 7	Tracking #	08-V	VC-AR-0448			
2.		ling correspo any tracking n				n/a				
		Rate Increa	ase 🗵	l Rate	Decrease			Rate N	Neut	ral (0%)
3.	Filing	Method (Prior	Approval, F	ile & Use,	Flex Band,	etc.)				
4a.		,					Proposed)			
	npany ame	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholo affected for this prograr	d S	Written premium for this program	Maximu % Chang (where require	је е	Minimum % Change (where required)
Louisian	a Retailers	-12.6%	-12.6%)	0		0	-12.6%		-12.6%
	rance Company									
4b.			ate Change			epted	*		-	
	npany ame	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyhold affected for this program	d S	Written premium for this program	Maximu % Chang	131	Minimum % Change
		5. Overall	Rate Informa	ation (Com	plete for Mi	ultiple	e Company	Filings	only	()
							COMPANY			STATE USE
5a	applica									
5b		percentage								
5с	this pr		5 Section - 2 V. 440 N. Norman J. ■ 420							
5d	Effect e	of Rate Filing d	– Number o	f policyhol	lders					
6.	Overal	nercentage	of last rate r	ovision		Initia	al Filing			
7.		l percentage ve Date of las				_	al Filing 7/2008			
		Method of Las		JII		1	2 920			
8.		Approval, Fil		x Band, etc	e.)	Prio	r Approval			
9.	Rule # or Page # Submitted for Review Replacement or withdrawn? Previous state filing number, if required by state					mber,				
01	Form RF-WC (rev.4/96) - Adoption of New #07-WC-AR-0406						R-0406			
02	Manual Rate Pages New #07-WC-AR-0406					R-0406				
03					acement drawn					

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS REFERENCE FILING ADOPTION FORM

DA ⁻	TE .	05/19/08						
1.	INS	SURER NAM	ME Louisiana Retailers	Mutual Insura	ance Compa	any		
	AD	DRESS	P.O. Box 80439					
			Baton Rouge, LA 7	0898-0439				
	PE	RSON RES	PONSIBLE FOR FILIN	Brad M. F	Ritter			
	TIT	LE Vice P	resident & Chief Actuar	y, aging Genera	ai Agent		TELEPHONE NO80	0-282-7648
2.	INS	SURER NAI	C NO10718		ai / igciii	GF	OUP NO.	
3.			RGANIZATION Nation	al Council on	Compensat	ion Insu	rance, Inc.	
4.	AD	VISORY OF	RGANIZATION REFER	ENCE FILING	G NO. AR-2	2008-06		
5.	for pro	this line of in	nsurance. The insurer has costs in the captioned	iereby files (to d Reference f	o be deeme Filing. The ir	d to hav surer's	e independently submit	named advisory organization ted as its own filing) the nation of the prospective loss nts.
6.	A.	PROPOSE	ED RATE LEVEL CHAN	IGE	-12.6	%	EFFECTIVE DATE	07/01/2008
	B.	PROPOSE	ED PREMIUM LEVEL C	HANGE	-12.6	%	EFFECTIVE DATE	07/01/2008
7.	A.	PRIOR RA	TE LEVEL CHANGE	Initial Fili	ng	%	EFFECTIVE DATE	01/17/2008
	В.	PRIOR PR	REMIUM LEVEL CHAN	GE_Initial Fil	ing	%	EFFECTIVE DATE	01/17/2008
8.			IMARY OF SUPPORTI e Summary for each in:				·.)	
9.	Ch∈⊠	The insure revisions of combination expense of the adviso	of the advisory organiza on of the advisory orgar onstants specified in th	tion's prospe nization's pros e attachment ective loss co	ctive loss co spective loss s. The rates	sts for t costs a will app	his line of insurance. The and the insurer's loss co ly to policies written on	be applicable to future ne insurer's rates will be the ost multipliers and, if utilized, or after the effective date of pproved by the Commissioner
			r hereby files to have it risory Organization Ref			d, if utiliz	zed, expense constants	be applicable only to the

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTI	PLIER
This filing transmittal is part of Company Tracking #	07-WC-AR-0406
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	07-WC-AR-0404
	☐ Independent Rate Filing
(Advisory Org, & Reference filing #) NCCI - AR-200	7-10
it is a member, subscriber or service purchaser of insurer hereby files (to be deemed to have indep	organization's loss costs, the above insurer hereby declares that if the named advisory organization for this line of insurance. The endently submitted as its own filing) the prospective loss costs rates will be the combination of the prospective loss costs and use constants specified in the attachments.
1. Check one of the following:	
revisions of the advisory organization's pro be the combination of the advisory organiz and if utilized, expense constants specified	It multipliers and, if utilized, expense constants be applicable to future espective loss costs for this line of insurance. The insurer's rates will cation's prospective loss costs and the insurer's loss cost multipliers in the attachments. The rates will apply to policies written on or after cation's prospective loss costs. This authorization is effective until amended or withdrawn by the insurer.
7	phibit this option for some lines of business.
The insurer hereby files to have its loss countries the above Advisory Organization Reference	st multipliers and, if utilized, expense constants be applicable only to Filing.
Does this filing apply to all class codes? Yes If no, complete a copy of this form for each af	
3. Loss cost modification:	
A. The insurer hereby files to adopt the prospec	tive loss costs in the captioned reference filing:
(Check One)	
Without Modification (factor = 1.000)	
With the following modification(s). (Cite the r supporting data and/or rationale for the modified.)	eature and percent modification, and attach ication.)
B. Loss Cost Modification Expressed as a Factor	r: (See Examples Below)
Example 1: Loss cost Modification Factor: (1.000100) should be used.	If your company's loss cost modification is -10%, a factor of .90
Example 2: Loss cost Modification Factor: (1.000 + .150) should be used.	If your company's loss cost modification is =15%, a factor of 1.15
NOTE: IF EXPENSE CONSTANTS ARE UTILIZED SUPPORTING INFORMATION. DO NOT COMPLET	ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER ITEMS 4-11 BELOW.
Development of Expected Loss and Loss Adjustn (Attach exhibit detailing insurer expense date)	nent Expense (Target Cost) Ratio.

(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions
A	A. Total Production Expense	10.2 %
E	3. General Expense	10.5 %
(C. Taxes, Licenses & Fee	5.4 %
). Underwriting profit & contingencies*	-3.5 %
E	. Other (explain)	%
F	Total	22.6 %
	* Explain how investment income is taken into account	
	Expected Loss Ratio: FLR = 100% - 4F =	77 A

0.774

Page 1 of 2 PC IRF-WC

B. ELR in Decimal Form =

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.022
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	.938
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.375
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.375

10.	Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.		No
11.	Are you changing your premium discount schedules?	N/A	
	If yes, attach schedules and support, detailing premium or rate level changes.		

Date:	January 15, 2008

Spa	ce Reserved for Insurance Department Use

WORKERS' COMPENSATION LOSS COST FILING DOCUMENT COVER FORM

INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS

1.	INSURER NAME	Louisiana Retailers Mutual Insurance Company			
	ADDRESS	P.O. Box 80439			
		Baton Rouge, LA 70898-0439			
2.	PERSON RESPONSIBLE FOR FILING Brad M. Ritter				
	TITLE Vice President &	Chief ActuaryTELEPHONE # 800-282-7648			
3.	INSURER NAIC # _1	0718			
4.	ADVISORY ORGAN	IIZATION National Council on Compensation Insurance, Inc.			
5A. 5B.		EVEL CHANGE Initial Filing % _ EFFECTIVE DATE Initial Filing // EFFECTIVE DATE Initial Filing // EFFECTIVE DATE Initial Filing			
	PRIOR RATE LEVEL PRIOR PREMIUM L				

- 7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION" (Attach this document separately for each insurer selected loss cost multiplier.)
- * The premium level change is the change in the insurer's annual collectible premium.

Filing Memorandum Louisiana Retailers Mutual Insurance Company 08-WC-AR-0448

Purpose

The purpose of this filing is to adopt the recently approved National Council on Compensation Insurance (NCCI) loss costs and miscellaneous values effective July 1, 2008.

Proposal

With this filing we are proposing the following:

• The NCCI loss costs and miscellaneous effective July 1, 2008 with our current loss cost multiplier of 1.375.

Impact

This premium level impact of this filing is -12.6%.

Proposed Effective Date

Louisiana Retailers Mutual Insurance Company will adopt this filing with an effective date of July 1, 2008 for new and renewal business.



P.O. Box 80439 * Baton Rouge, LA 70898-0439 * (225) 926-3264 * 1-800-421-2944 * Fax (225) 926-4102

May 19, 2008

Ms. Julie Benafield Bowman Insurance Commissioner Arkansas Department of Insurance 1200 West Third Street Little Rock, AR 72201-1904

RE: Louisiana Retailers Mutual Insurance Company

Workers' Compensation Insurance

Rate Revision NAIC # - 10718

Filing Number: 08-WC-AR-0448

Dear Ms. Bowman:

This filing serves as our notice to adopt the approved loss costs and miscellaneous values contained in the NCCI circular number AR-2008-06. We propose to use the same effective date as the new loss costs which is July 1, 2008. We request to continue to use our current loss const multiplier on file of 1.375 which applies to future revisions. This filing contains the following attachments:

- 1. A filing memorandum
- 2. A copy of our previously approved RF-WC forms showing this election
- 3. Revised rate pages
- 4. A check in the amount of \$50 for the required filing fee

LRMIC will adopt this filing with an effective date of July 1, 2008 for new and renewal business.

If you should have any questions, do not hesitate to call me.

Sincerely,

Brad M. Ritter, FCAS, MAAA Vice President & Chief Actuary

Summit Consulting, Inc.,

Brood M.

Managing General Agent

BMR:lm

Attachments